



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

YAMAUCHI, JESSICA, PB

LOBBYIST FIRM/EMPLOYER (If applicable)

Hawaii Public Health Institute

TELEPHONE

(808) 591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX N/A

EMAIL JESSICA@HIPHI.ORG

(City)

HONOLULU

(State)

HI

(Zip Code)

96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

HAWAII PUBLIC HEALTH INSTITUTE

TELEPHONE

(808) 591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX N/A

EMAIL CONTACT@HIPHI.ORG

(City)

HONOLULU

(State)

HI

(Zip Code)

96813

ESTIMATED NUMBER OF MEMBERS (If lobbying on behalf of members)

2,000 NON-PAYING MEMBERS

☐ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

POLICY PRIORITIES IDENTIFIED BY WORKING GROUP & VOTED ON BY BOARD OF DIRECTORS

☐ Not Applicable


PART II.B NO LONGER LOBBYING

☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

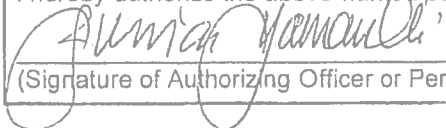
DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 01/08/2019 DATE		Subscribed and sworn to before me This <u>8</u> day of <u>JANUARY</u> , 2019. By: <u>STACEY K NISHIKI</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>11/25/22</u> Doc. Date: <u>1/8/19</u> # Pages: <u>2</u> Name: <u>Stacey K. Nishiki</u> <u>1</u> Circuit Doc. Description: <u>HONOLULU ETHICS COMMISSION LOBBYIST REGISTRATION</u>	
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PART V AUTHORIZATION TO LOBBY

NAME JESSICA YAMAUCHI		TITLE OF AUTHORIZING OFFICIAL OR PERSON REPRESENTED EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable) HAWAII PUBLIC HEALTH INSTITUTE		TELEPHONE (808) 591-6508	
MAILING ADDRESS (No. and Street or P.O. Box) 850 RICHARDS STREET, SUITE 201		FAX N/A	
(City) HONOLULU		(State) HI	
(Zip Code) 96813		EMAIL JESSICA@HIPHI.ORG	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)			
		01/08/2019 (Date)	